

HISTORY FACILITY PROFILE

COUNTRY VIEW MANOR
2901 WEST CENTER STREET
PROVO UT 84601
STATE'S REGION CODE: 001

PROVIDER #: 465134
PHONE NUMBER: (801) 373-5079
PARTICIPATION DATE: 06/03/1993 CERTIFIED: 50

FACILITY BEDS
TOTAL: 50
TYPE ACTION: RECERTIFICATION
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/09/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 50			
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TOTAL:	42	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	1	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	36				50		
OTHER:	5						

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 04/1999	S/S CODE	PRIOR 2 SURVEY 05/2000	S/S CODE	PRIOR 1 SURVEY 07/2001	S/S CODE	CURRENT SURVEY 10/09/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
				X	E				REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
				X	D				REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
						X P	D	12/09/2002	REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X P	D	12/09/2002	REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS
									REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
		X	E						REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
						X P	B	12/09/2002	REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	E					X P	D	12/09/2002	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
X	E								REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS
X	E			X	E				REQ F0368-FREQUENCY OF MEALS/INTERVALS BETWEEN MEALS
						X P	D	12/09/2002	REQ F0369-PROVIDES SPECIAL EATING EQUIPMENT/UTENSILS
				X	E				REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG
		X	E						REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
						X P	D	12/09/2002	REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 04/1999	PRIOR 2 SURVEY 05/2000	PRIOR 1 SURVEY 07/2001	85 EXIST CURRENT SURVEY 10/10/2002	PLAN/DATE OF CORRECTION
			X C	11/25/2002

LSC DEFICIENCIES - BLDG NO. 01

K0012-CONSTRUCTION TYPE
K0025-SMOKE PARTITION CONSTRUCTION
K0046-EMERGENCY LIGHTING
K0047-EXIT SIGNS
K0050-FIRE DRILLS
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0059-WATER FLOW DEVICE
K0061-MAIN SPRINKLER CONTROL
K0062-SPRINKLER SYSTEM MAINTENANCE
K0064-PORABLE FIRE EXTINGUISHERS
K0069-COOKING EQUIPMENT
K0072-FURNISHING AND DECORATIONS
K0076-MEDICAL GAS SYSTEM
K0130-OTHER

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 04/1999	PRIOR 2 SURVEY 05/2000	PRIOR 1 SURVEY 07/2001	85 NEW CURRENT SURVEY 10/10/2002	PLAN/DATE OF CORRECTION
			X C	11/25/2002

LSC DEFICIENCIES - BLDG NO. 02

K0012-CONSTRUCTION TYPE
K0025-SMOKE PARTITION CONSTRUCTION
K0038-EXIT ACCESS
K0059-WATER FLOW DEVICE
K0064-PORABLE FIRE EXTINGUISHERS
K0072-FURNISHING AND DECORATIONS
K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	6	5	2	3
HEALTH TOTAL	6	5	2	3
LIFE SAFETY CODE	5	12	4	4
LIFE SAFETY CODE + HEALTH	11	17	6	7

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
02/25/1999	UNSUBSTANTIATED
03/11/1999	SUBSTANTIATED
06/29/1999	UNSUBSTANTIATED
12/04/2000	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT